



## MAINE STATE BOARD OF NURSING

24 Stone Street • 158 State House Station • Augusta, ME 04333-0158  
Phone (207) 287-1133 Fax (207) 287-1149 TDD (207) 287-1151

### APPLICATION FOR EXAMINATION AND LICENSE AS A LICENSED PRACTICAL NURSE

DO NOT WRITE IN THIS SPACE

Application Received .....	Application approved by Board of Nursing:
Fee: Cash ..... Check ..... MO .....	
Receipt No. ....	..... President
Authorization No. .... Date Issued .....	
Expiration Date .....	..... Executive Director
Examination Date .....	
Re-examination Date/s .....	..... Date
License Date ..... NCLEX Form .....	
LICENSE NUMBER .....	

**INSTRUCTIONS.** An applicant for the practical nurse examination and license must submit to the office of the Board of Nursing at least 30 days before the scheduled **date of the licensure examination** the following:

1. application form completed in ink or typewritten and properly notarized with signature in applicant's handwriting, and
2. required fee of \$50.00 in the form of a check or money order, made payable to the Treasurer of State of Maine, and
3. two recent passport type photographs (not more than two years old), signed and dated, and enclosed with application form as indicated.

**THE APPLICATION FEE IS NOT REFUNDABLE.**

#### SECTION I. PROFILE INFORMATION

Print legal name .....  
(first) (middle) (maiden) (last)

List any other names used previously .....

Mailing address .....  
(street and number or route)  
.....  
(city) (county) (state and zip code)

Telephone number ..... Social Security Number .....

Birthplace ..... Date of Birth .....  
month/day/year

High School .....  
name and location

Date of Graduation ..... G.E.D. Yes ☐ No ☐ Date of G.E.D. Diploma .....

SECTION II. NURSING EDUCATION

School of Practical Nursing .....  
name  
.....  
address

Date of Entrance ..... Date of Graduation ..... Length of Program .....

SECTION III. TO BE COMPLETED BY ADMINISTRATIVE OFFICER OF SCHOOL OF NURSING

I hereby certify that .....  
(applicant's name)

.....  
(applicant's address)

has successfully completed the prescribed nursing education program in the

.....  
(name of school)

and was graduated on .....  
(month/day/year)

.....  
(signature)

SCHOOL SEAL

.....  
(title)

.....  
(name of school)

SECTION IV. EXAMINATION HISTORY

Have you ever taken an examination for practical nurse licensure?

☐ Yes If yes, indicate state(s) and date(s).

☐ No

.....  
.....  
.....

SECTION V. OTHER INFORMATION

Have you ever been convicted of a crime other than minor traffic violations?

☐ Yes (If yes, explain including disposition.)

☐ No

.....

.....

.....

THIS FORM MUST BE NOTARIZED

Staple  
one recent photograph

Sign back of photo and  
indicate year taken

Photo must be:  
Full Face View  
Passport Type  
Clear and recognizable  
likeness

I, the undersigned, being duly sworn, say that I am the person referred to in this application for licensure in the State of Maine, that the statements contained herein and on all attachments are true and correct in every respect, that I have complied with all requirements of the law, and that I have read and understood this affidavit.

Signature of Applicant \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_.

(SEAL)

Notary Public \_\_\_\_\_

My commission expires \_\_\_\_\_ in and for the State of \_\_\_\_\_